

# Directly Placed Unauthorized Tax Report



State of Wisconsin  
Office of the Commissioner of Insurance  
P. O. Box 7873  
Madison, WI 53707-7873

Ref: Section Ins 6.19, Wis. Adm. Code

**INSTRUCTIONS:** Directly Placed Unauthorized Insurance--Sections 618.42 and 618.43, Wis. Stat. This report is to be filed with the Commissioner of Insurance, State of Wisconsin, Madison, Wisconsin, on or before March 1 of each year.

Person or Organization Insured	Date
Address	

Year Ended December 31, \_\_\_\_\_

Contract Number (1)	Effective Date (2)	Expiration Date (3)	Name and Address of Insurance Company (4)	Description or Type of Coverage (5)	Premium Charged (6)	3% Tax on Premium (7)

1/2 of 1% for Ocean Marine

Premium Charged

Total Column (6)

\$ \_\_\_\_\_

Tax Due @ 3%

Total Column (7)

\$ \_\_\_\_\_

Amount Enclosed

\$ \_\_\_\_\_

The undersigned certifies that this report is true and correct according to the best of his or her information, knowledge, and belief.

	Date
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